GUAM BEHAVIORAL HEALTH AND W	ELLNESS CENTER	
TITLE: Patient Affairs Overview	POLICY NO: AD-PA-01	Page 1 of 3
RESPONSIBILITY: Patient Affairs		The second of th
APPROVED BY:	DATE OF ORIG	INAL
THERESA C. ARRIOLA, DIRECTOR	LAST REVIEWE	D/REVISED:

PURPOSE:

To provide an overview of Patient Affairs Business Office

POLICY:

A. Patient Affairs, a section of the Director's Office, provides administrative services through a business office that handles payments, billings, collections, credentialing, and provider service agreements.

DEFINITIONS:

Business Office	A section of Patient Affairs that handles payments,	billing/clain
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collections and provider agreements.

Revenue Total amount of income from authorized service areas.

GBHWC Fee Schedule List of fees for provider services authorized by public laws, P.L.

31-239, P.L. 31-274, P.L. 33-63

Encounter A form provided upon registration that contains consumer demographics, authorization for service, service description

demographics, authorization for service, service descriptions and fees, codes and diagnoses, signature of service provider, and is

also known as the superbill.

GBHWC Service

Providers

Licensed staff such as psychiatrists, psychologists, pharmacists, social workers/counselors, nurses, licensed practical nurses.

Also, non-licensed staff providing children's services such as wraparound, family support and training, youth peer services, and

mental health home-based services.

Third Party Payors or

Guarantors

Individuals, government, entities or insurance companies that

guarantee payment for covered services through invoices, claims

or court orders.

Credentialing Payor review procedure where an applying or participating

provider must meet payer network participation standards in order

to begin, or continue participation, in the payer network.

Provider agreement Contract between healthcare provider and an employee benefits

plan

RESPONSIBILITIES:

Under the supervision of the Administrative Services Officer along with claims specialists and other administrative staff, the Business Office:

- A. Receives payments from consumers or 3rd party payors for direct services rendered by licensed GBHWC service providers;
- B. Provides financial assistance to consumers who are unable to make full or partial payments for authorized services rendered.
- C. Makes deposits of payments received to the Treasurer of Guam.
- D. Issues bill/claims to consumers or 3rd party payors for unpaid services.
- E. Collects unpaid consumer debts.
- F. Updates credentials of licensed service providers.
- G. Maintains current provider service agreements with 3rd party payors.
- H. Perform periodic review of billings and collections to assure compliance to CARF, pertinent local and/or federal regulations and best industry practices standards.

SCOPE:

A. Revenue

Revenue is generated from the fees collected for services performed by medical, nursing, allied health professionals, and other billable services. It is determined from the services performed as indicated on the FAD-PA 01.1 Encounter Forms.

B. Fee Schedule

A Fee schedule is adjudicated by (1) conducting a public hearing (2) filing with the Legislative Secretary and (3) then authorized by public law and other requirements of the fee setting regulation. The Fee Schedule is reviewed periodically set by Law to add or delete services, drugs, and/or supplies.

C. Discounted Fees

Discounted fees are available for qualified uninsured consumers or registered "self-pay" based on the Federal Poverty Guidelines and the current Sliding Scale posted at the Business Office and GBHWC website for a discount of the current GBHWC Fee Schedule that ranges from 100% to 200% for a family of 1 to 20 members (reference AD-PA – Sliding Fee Discount Policy).

D. Patient/Consumer Billing Information Process

GBHWC is responsible for the prompt processing and aggregation of charges for services provided to consumers in order to provide for the timely collection of charges. GBHWC bills the insurance carrier (payor) for most services. Co-pays and any other patient responsibility amounts are due at the time of service. The individual will be responsible for paying any charges for services not covered by insurance, which may include the entire amount charged. Once the patient's financial responsibility has been established, GBHWC will provide the consumer with information on options available to address the patient balances.

E. Payment for Services

Payments are due or arranged upon registration (check-in) or discharge (check-out). The encounter forms will be reviewed by Business Office for charges incurred by the consumer. Payments are accepted from third party payors (HMO's, government agencies, etc.) through the filing of claims.

Payment arrangements under \$500.00 are available after consumer declaration or staff verification of inability to make full or partial payment, and approved by the Cashier/claims specialists, Administrative Services Officer, delegated official, Deputy Director or Director. Payment arrangements \$500.00 to \$1000.00 are subject to the approval of the Administrative Services Officer, Business Office Manager, or designee. Arrangements over \$1000.00 are subject to the review and approval of the deputy, director or designee, except for medications wherein the arrangement(s) can be made by the Administrative Services Officer, Business Office Manager, or designee to assure that no consumer is denied medication due to inability to pay. Director will be advised accordingly.

F. Receipts

Receipts will be issued for every payment made by the consumer, guardian, representative, insurance provider or other guarantors. GBHWC printed, numbered receipts show the payment date, consumer name, diagnosis code, payment amount, cashier and other pertinent information. Original given to consumer/payor, yellow copy to Treasurer of Guam, and pink copy kept by Business Office. Receipts are recorded daily on a Depositor's Report filed with the Treasurer of Guam and copy retained by Business Office.

- G. Collection of Unpaid Balances: Collection efforts for unpaid, past due, and/or delinquent balances are handled with the utmost tact using established "scripts" for telephone call follow up, and form letters for written communications. After the first thirty calendar (30) days or promised date, verbal or written efforts are started with follow-up every month until the 3rd month. Accounts without substantial or agreed payment installments three (3) months after service or promised date(s) are considered delinquent and a first collection letter/invoice will be sent or delivered through U.S. Mail, email or when the consumer comes in for visit or medication. After six (6) months without any payment, a second (2nd) collection letter for another three (3) months will be dispatched. After nine (9) months without any payment effort from the consumer, a report to the Director will be sent with a recommendation for merited compassionate waiver (charge off) from the accounts receivable books. Recurring appointments and/or medication refills are tracked and statements of accounts (invoices) are provided to the consumers as reminders during the times the consumers are at GBHWC. Efforts are recorded accordingly.
- H. Credentialing: Professional staff that includes psychiatrists, psychologists, nurses, and social worker/counselors are credentialed with federal and local government assistance programs and health maintenance organizations annually or more frequently as necessary. Licenses and other documents are domiciled at the GBHWC Human Resources Office, Business Office, and at professional staff locations.

REFERENCE(S):10 GCA, Section 96108 (f) (3); P.L. 31-239; P.L. 31-274; P.L. 33-63; and 10 GCA, Chapter 9.

ATTACHMENT(S):

FPA- Encounter Form

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	.PAR1	1: TO BE COMPLETED BY CON	SUMER	
CONSUMER'S LAST NAME		FIRST NAME		
DATE OF BIRTH		MÉDICAL RECORD NUMBER		GENDER
MAILING ADDRESS				
CITY	STATE	ZIP CODE	Contact Numbe	:I
PRIMARY INSURANCE				
SUBSCRIBER'S LAST NAME, FIST	NAME, MIDDLE INITIAL			
SUBSCRIBER'S ID NUMBER			RELATIONSHIP TO SUBSCRIBER	R ☐Self ☐Spouse ☐Child ☐Other:
OTHER INSURANCE				
OTHER INSURED'S LAST NAME, I	TRST NAME, MIDDLE INIT	TIAL		
SUBSCRIBER'S ID NUMBER			RELATIONSHIP TO SUBSCRIBER	R □Self □Spouse □Child □Other:
REFERRING PROVIDER'S NAME		NPI#	OF REFERRING PROVIDER	
I do hereby authorize treatment and INSURED'S OR AUTHORIZED PERSON'S SIGNATURE AND DAT		tt in full of any and all charges incur	A APPOIN	idered to me. RRIVAL TIME: TTMENT TIME; BY PROVIDER:

Rev Acct 2301	INIT	IAL PSYC	HIATRIC EVALUATION AND DIAGNOSTIC INTERVIEWPROCEDURES	CNSLR	Psychologist	Psychiatris
.□90791	1 1 1 1 1 1 1 1 1 1	Comment of the second	stic evaluation (no medical services)	\$175.55	\$191.51	\$195,00
□90792			stic evaluation (with medical services)	\$175.55	\$191.51	\$195.00
□+90785	23.74.725	CALL THE SECTION OF SE	itric diagnostic interview examination	\$191.46	\$208.86	\$215.00
Rev Acet 23	Psychologist	Psychiatris				
□90832		Psychother	OUTPATIENT PSYCHOTHERAPY apy: 30 minutes with patient and/or family member	\$70,55	\$83.38	\$89.80
□E/M Code +9	0833		apy; 30 minutes with patient and/or family member	, Ψ. Υ.	Ψοσίος (************************************	\$111.00
□90834	0033		apy: 45 minutes with patient and/or family member	\$92,21	\$108.98	\$117,36
□E/M Code +9	0836		apy: 45 minutes with patient and/or family member	. reere	4499,291	\$144.02
□90837	0000	The second secon	apy: 60 minutes with patient and/or family member	\$134.30	\$158.72	\$170.93
□E/M Code +9	U838		apy: 60 minutes with patient and/or family member	4101100	\$150, ₁ 2	\$199.57
Rev Acct 23		1 ayenomei	OUTPATIENT INTERACTIVE PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatris
□90832 and +9		Prychother	apy: 30 minutes face-to-face with patient and/or family member	\$71.91	\$ \$84.98	\$91,52
☐E/M Code +9	V 11 1 1 1 1 1 1		Psychotherapy, 30 minutes with patient and/or family member	Ψ/1/21	y 407.20 1 g	\$119.60
□90834 and +9		7.50	apy, 45 minutes with patient and/or family member	\$101.52	\$119.98	\$129.21
□ 50834 and +9 □ E/M Code +9	C		Psychotherapy, 45 minutes with patient and/or family member	\$101.52	Ψ112.20	\$156.95
□15/W1 Code +9 □90837 and +9			apy, 60 minutes with patient and /or family member	\$144.74	- \$171.05	\$184.21
□ E/M Code +9		ACCRECATE AND ACCRECATE AND ACCRECATE	Psychotherapy, 60 minutes with patient and/or family member	φ1 44 ./4	=> 41/110J	\$214.28
Rev Acct 236	400	170/03	INPATIENT PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatris
Rev Acct 25	nt	Davabadia	apy: 30 minutes with patient and/or family member	\$58.22	\$68.81	\$74.10
□E/M Code ÷9	0022		The state of the s	څخ.ەدە	φυο.ο1	\$89.75
□E/M Code +9 □90834	0833	Psychotherapy: 30 minutes with patient and/or family member Psychotherapy: 45 minutes with patient and/or family member		#05 56 °	\$101,12	\$108.89
<u> </u>	0026		apy: 45 minutes with medical evaluation and management services	\$85.56	\$101.12	\$106.89
□E/M,Code +9	06.60	V		\$126.29	\$149,25	
□90837	0000		apy: 60 minutes with patient and /or family member	\$120.29	\$149.25	\$160.73
□E/M Code +9 Rev Acct 230	12.51	Psychother	apy: 60 minutes with patient and/or family member INTERACTIVE INPATIENT PSYCHOTHERAPY	CNSLR	Psychologist	\$182.79 Psychiatris
□90832 and +9		Davohothor	apy: 30 minutes with the patient and/or family member	\$64.50	\$76.23	\$82.10
□E/M Code +9			Psychotherapy: 30 minutes with the patient and/or family member	\$04,00	ري.ن.ر ب	\$96.77
□90834 and +9			apy: 45 minutes with the patient and/or family member	\$90.92	\$107.45	\$115.71
□90834 and +9			Psychotherapy: 45 minutes with the patient and/or family member	\$90.92	\$107.43	\$133.10
□90837 and +9			apy: 60 minutes with the patient and/or family member	\$130.42	\$154,13	\$165.99
THE R. P. LEWIS CO., LANSING MICH. LANSING STREET, LANSING STR				\$130,42	, \$154.15	\$189.13
□E/M Code +9 Rev Acct 230		UNITS	Psychotherapy: 60 minutes with the patient and/or family member OTHER PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatris
Rev Acct 230 □90845	V4	OMITS	Psychoanalysis	\$87.44 s	, \$103.34.	\$111.29
□90846		1 - 5 V 1 2 1 3	Family psychotherapy without the patient present	\$92.39	\$109.19	\$117.59
□90847			Family psychotherapy, conjoint psychotherapy with the patient present	\$115.52	\$136.53	\$147.03
□90849			Multiple-family group psychotherapy	\$43.89	\$43.89	\$43.89
□90849			Group Psychotherapy (other than of a multiple-family group)	\$42.35	\$42.35	\$42,35
□90853 and +9	0785	<u> </u>	Interactive group Psychotherapy	\$49.23	\$42.33 \$49.23	\$49.23
Rev Acct No		UNITS	PSYCHOTHERAPY FOR CRISIS	CNSLR	Psychologist	Psychiatris
Rev Acct 140	rie	OHILD	Psychotherapy for crisis, first 60 minutes	N/A	N/A	N/A
□90839 □90840			Add-on for each additional 30 minutes of psychotherapy for crisis	N/A	N/A	N/A

Version: 04/22/2016 CNSLR: LMHC/MFT/LPC Licensed Social Worker's fees not placed on Public Law Fee Schedule.

Rev Acct 230		UNITS	OTHER PSYCHIATI	RIC S	ERVICE	S OR PRO	CEDURES		CNSLR	Psychologist	Psychiatrist
□99212/99213/99	9214		Pharmacologic management							\$80.55	\$86.74
□+90863 □90875			Individual psychophysiological there modality with psychotherapy: 30 mi		corporating	g biofeedbacl	training by any			\$75.83	\$81.67
□90876			Individual psychophysiological there	apy in	corporatin	g biofeedbacl	training by any			\$86.67	\$93.34
□90880			modality with psychotherapy: 45 mi Hypnotherapy	n	<u>. N </u>					\$128.49	\$138.38
□90885		- 1 - 1	Psychiatric evaluation of hospital	record	ls		<u> </u>			\$130.00	\$140.00
□90887			Interpretation or explanation of res				ng them how to a	ssist		<u></u>	\$140.00
□90889		<u> </u>	patient Preparation of reports of patient's ps			history, treati	nent, or for other			\$119.17	\$119,17
Rev Acct 2302	UNITS		physicians, agencies, or insurance ca			ENT/INTE	RVENTION		CNSLR	Psychologist	Psychiatrist
□96101	0.1123		ychological testing, interpretation, an				I ZIVIIOIV		OI, DESK	\$108.47	1 by other libe
□96102		Ps	chological testing with qualified he	ealth			rpretation and re	port,		\$107.30	
□96103	· · · · · · · · · · · · · · · · · · ·	Ps	ninistered by tech, per hour of tech time chological testing administered by a		outer, with	qualified h	ealth care profess	ional		\$90.90	
	· · ·		erpretation and report	nin in	tarnestati	on and rance	t per hour			\$139.95	
□96105			sessment of aphasia includes test adn velopmental screening, with interpretat							\$139.93	
□96110 □96111			velopmental screening, with interpretation		<u> </u>	er standardiz	a insuument torm			\$150.00	
			urobehavioral status exam, per hour of			t's or physic	ian's time with na	tient.			t in Leving for
□96116		int	erpretation and report	•	· · · · · · · · · · · · · · · · · · ·		•			\$119.11	\$119.11
□96118		and	uropsychological testing per hour of the large transfer.		-		. 11			\$125.32	
□96119		ad	uropsychological testing with qualified ministered by tech, per hour of tech time	e, face	-to-face			•		\$100.22	
□96120		pro	uropsychological testing, administer ofessional interpretation and report					4		\$128.69	
□96125		res	ndardized cognitive performance testin ults: per hour	_						\$135.60	
□96150			alth and behavioral assessment, each essment	1 15 1	minutes fa	ice-to-face w	ith the patient; i	nitial	\$22.87	\$27.03	\$27.03
□96151			alth and behavioral assessment, each 15	5 minu	tes face-to	-face with th	e patient; re-assess	ment	\$22.12	\$26.14	\$26.14
□96152	-	He	alth and behavior intervention, each	15 mi	nutes, fac	e-to-face; in	lividual		\$20.94	\$24.75	\$24.75
□96153			alth and behavior intervention, each 15						\$4.87	\$5.76	\$5.76
□96154			alth and behavior intervention, each sent)	15 m	inutes, fac	e-to-face; fa	mily (with the pa	tient	\$20.57	\$24.31	\$24.31
□96155	*		alth and behavior intervention, each 1 sent)	5 min	utes, face-	to-face; fam	ly (without the pa	tient	\$20.57	\$24.31	\$24.31
□98966			lephone consult/order/intervention, b						\$15.00	\$17.73	\$17.73
□98967		Те	lephone consult/order/intervention, li	imited	l (11-20 m	inutes)	·		\$35.00	\$41.37	\$41.37
□98968			lephone consult/order/intervention, in	nterme	ediate (21	- 30 minute	s)		\$55.00	\$65.00	\$65.00
□99075			edical testimony							\$189.58	\$204.16
□80101			ug and alcohol screening for presence							FEE: \$45.00	Maria di Companya di Compa
Rev Acct 2304	UNITS		OFFICE OR OTI							Fee: \$23.10	
□99211		Of	fice or other outpatient visit for the eval	luatior	and mana	igement of an	existing patient				
Rev Acct 2305			MEDICA	TION	1		T		F	EE: AT COST +	
Quantity Administered	Quar Pharr Dispe	nacy	Drug Name and S	Streng	th		Quantity Taker Home	1	Quantity Total	Medication Price	Total Medication Price
								-			
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	:						<u>L.</u>	<u>:</u>			
DX 1 (DSM V / IC		7 7					M V / ICD 10 CC				
DX 2 (DSM V / IC			Professional)		MD – Psy		M V / ICD 10 CC □Psychologist		_L IHC □MI	रा □LPC □	Med Clinic
Rillable I			rofessional) Type of Provider		□LBS					t/Counselor/Soci	al Worker
Provider Name (pr	rint):		Service of the servic		·	NPI#:					
Signature:			r Distriction	*.*			Date:		Che	ck-Out Time:	
Total Amount I	Due for S	Services:	Total Units	X	Fee(s)	\$			=Toda	y's Charges: \$	

Check-In Time:

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GUAM	BEHAVIORAL AND WELLNESS
FHEALTH	and Wellness Enter

CHILDREN'S SERVICES ENCOUNTER FORM

The transfer of the second	The second second	PART	1: TO BE COM	PLETED BY C	ONSUMER		1 00	
CONSUMER'S LAST	NAME	A STATE OF THE STA		FIRST NAM			 	
DATE OF BIRTH			MEDICAL RE	CORD NUMBE	R		GENDER	□Male □Female
MAILING ADDRESS								
CITY	-	STATE		ZIP CODE		Contact	Number	
PARENT'S NAME	; ;					***************************************		3
PARENT'S NAME								
CAREGIVER'S NAME								
LEGAL GUARDIAN'S	NAME				*			
PRIMARY INSURANCE	34.5					•		
SUBSCRIBER'S L MIDE	AST NAM LE INITIA							
SUBSCRIBER'S ID N	UMBER				RELATIONSH SUBSCRIB		□Self □]Spouse □Child
OTHER INSURANCE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				es in the second			
OTHER INSURED'S I MIDE	LAST NAN DLE INITIA							
SUBSCRIBER'S ID N	UMBER				RELATIONSH SUBSCRIB		□Self □ □Other:]Spouse □Child
REFERRING PROVIL NAME	DER'S			5 . 3 .	NPI # OF REFEI PROVIDE			
I do hereby authorize trea	tment and e	xpressly guarantee p	ayment in full of a	any and all charge	s incurred for ser	vices rende	red or to be re	ndered to me.
INSURED'S OR AUTH PERSON'S SIGNATUI							DATE	} :
	3 11 11 11 11 11 11	DADTO	DE COMPLETE	D DS/ A TOTAL	INC PROVINI	710		

eng englisher en	1 2	PART 2: TO BE COMPLETED BY ATTENDING PROVIDER		
Rev Acct 2306 WRAPAROUND		UNIT	FEE	
□H2021		Community-based Wraparound Service first 15 minutes	, 1	\$31.00
☐Additional t	ime	Community-based Wraparound Service per next 15 minutes		\$20.00 each
☐Maximum t	ime	Community-based Wraparound Service maximum 3 hours	: 1	\$251.00
Rev Acct 230	0.7	FAMILY SUPPORT AND TRAINING	UNIT	FEE
□H2014		Family Support and Training first 15 minutes	1	\$15.00
☐Additional t	ime	Family Support and Training per next 15 minutes		\$10.00 each
☐ Maximum t	ime	Family Support and Training maximum 1.5 hours	1	\$65.00
Rey Acct 2308		YOUTH PEER SPECIALIST	UNIT	FEE
□H0038		Youth Peer Specialist first 15 minutes	1	\$13.00
☐ Additional time		Youth Peer Specialist per next 15 minutes		\$10.00 each
☐ Maximum time		Youth Peer Specialist maximum 1.5 hours	1	\$63.00
Rev Acct 2309		MENTAL HEALTH HOME-BASED SERVICES	UNIT	FEE
□H0023		Mental Health Home-Based Services first 15 minutes	1	\$45.00
☐Maximum ti	me	Mental Health Home-Based Services 60 minutes	1	\$180.00
Rev Acct 2301	INI	TIAL PSYCHIATRIC EVALUATION AND DIAGNOSTIC INTERVIEWPROCEDURES	CNSLR	Other CASD Employee
□90791		chiatric diagnostic evaluation (no medical services)	\$175.55	N/A
□90792		chiatric diagnostic evaluation (with medical services)	\$175.55	N/A
□+90785	Inter	ractive psychiatric diagnostic interview examination	\$191.46	N/A
Rev Acct 2301		OUTPATIENT PSYCHOTHERAPY	CNSLR	Other CASD Employee
□90832		Psychotherapy: 30 minutes with patient and/or family member	\$70.55	N/A
□90834		Psychotherapy: 45 minutes with patient and/or family member	\$92.21	N/A
□90837		Psychotherapy: 60 minutes with patient and/or family member	\$134.30	N/A
Rev Acct 230	1	OUTPATIENT INTERACTIVE PSYCHOTHERAPY	CNSLR	Other CASD

Rev: AU/MCA/05-12-2018

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□90834 and +90785 Rev Acct 2301 □90832 □90834 □90837 Rev Acct 2301 □90832 and +90785 □90834 and +90785 □90837 and ±90785 Rev Acct 2301 □90845 □90846 □90847 □90849 □90853 and +90785 Rev Acct None □90839 □90840	Psychothe Psychothe Psychothe Psychothe Psychothe Psychothe Psychothe Psychothe UNITS	rapy, 45 minutes with patient and/o rapy, 60 minutes with patient and /o INPATIENT P rapy: 30 minutes with patient and/o rapy: 45 minutes with patient and/o rapy: 60 minutes with patient and /o INTERACTIVE INPAT rapy: 30 minutes with the patient arrapy: 45 minutes with the patient arrapy: 60 minutes with the patient arrapy: 61 minutes with the patient arrapy: 62 minutes with the patient arrapy: 63 minutes with the patient arrapy: 64 minutes with the patient arrapy: 65 minutes with the patient arrapy: 67 minutes with the patient arrapy: 68 minutes with the patient arrapy: 69 minutes with the patient arrapy: 60 minutes with the patient	or family member or family member of family member or family member or family member of family members of fa	er er AAPY er er er OTHERAP mber mber mber HERAPY			\$144.74 CNSLR \$58.22 \$85.56 \$126.29 CNSLR \$64.50 \$90.92 \$130.42	N/A Other CASD Employee N/A N/A N/A Other CASD Employee N/A N/A N/A N/A Other CASD	
Rev Acct 2301 □90832 □90834 □90837 Rev Acct 2301 □90832 and +90785 □90834 and +90785 Rev Acct 2301 □90845 □90846 □90847 □90849 □90853 and +90785 Rev Acct None □90839 □90840	Psychothe Psychothe Psychothe Psychothe Psychothe Psychothe UNITS	rapy: 30 minutes with patient and/o rapy: 45 minutes with patient and/o rapy: 60 minutes with patient and /o INTERACTIVE INPAT rapy: 30 minutes with the patient arrapy: 45 minutes with the patient arrapy: 60 minutes with the patient arrapy: 60 minutes with the patient arrapy: 60 minutes with the patient arrapy: 61 minutes with the patient arrapy: 62 minutes with the patient arrapy: 63 minutes with the patient arrapy: 64 minutes with the patient arrapy: 65 minutes with the patient arrapy: 67 minutes with the patient arrapy: 68 minutes with the patient arrapy: 69 minutes with the patient arrapy: 60 mi	r family member family member family member family member family member field for family member fami	AAPY er er er IOTHERAP mber mber mber HERAPY	Y		\$58.22 \$85.56 \$126.29 CNSLR \$64.50 \$90.92 \$130.42	Other CASD Employee N/A N/A N/A Other CASD Employee N/A N/A N/A Other CASD	
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□90834 □90837 Rev Acct 2301 □90832 and +90785 □90834 and +90785 Rev Acct 2301 □90845 □90846 □90847 □90849 □90853 □90853 and +90785 Rev Acct None □90839 □90840	Psychothe Psychothe Psychothe Psychothe Psychothe UNITS	rapy: 45 minutes with patient and/orapy: 60 minutes with patient and /orapy: 60 minutes with patient and /orapy: 30 minutes with the patient arrapy: 45 minutes with the patient arrapy: 60 minutes with the patient arrapy: 60 minutes with the patient arrapy: 60 minutes with the patient arrapy: 61 minutes with the patient arrapy: 62 minutes with the patient arrapy: 63 minutes with the patient arrapy: 64 minutes with the patient arrapy: 65 minutes with the patient arrapy: 67 minutes with the patient arrapy: 67 minutes with the patient arrapy: 68 minutes with the patient arrapy: 69 minutes with the patient arrapy: 60 minutes with the patie	or family member family member family member fIENT PSYCH and/or family member family m	er er IOTHERAP' mber mber MERAPY	Y		\$85:56 \$126.29 CNSLR \$64.50 \$90.92 \$130.42	N/A N/A N/A Other CASD Employee N/A N/A N/A Other CASD	
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□90846 □90847 □90849 □90853 □90853 and +90785 Rev Acct None □90839 □90840		Family psychotherapy without th Family psychotherapy, conjoint p Multiple-family group psychothe Group Psychotherapy (other than	osychotherapy w					Employee	
□90846 □90847 □90849 □90853 □90853 and +90785 Rev Acct None □90839 □90840		Family psychotherapy without th Family psychotherapy, conjoint p Multiple-family group psychothe Group Psychotherapy (other than	osychotherapy w				\$87.44	N/A	
□90847 □90849 □90853 □90853 and +90785 Rev Acct None □90839 □90840		Family psychotherapy, conjoint p Multiple-family group psychothe Group Psychotherapy (other than	osychotherapy w				\$92.39	N/A	
□90849 □90853 □90853 and +90785 Rev Acct None □90839 □90840		Multiple-family group psychothe Group Psychotherapy (other than		UID THE MOHAN	t present		\$115.52	N/A	
□90853 □90853 and +90785 Rev Acct None □90839 □90840		Group Psychotherapy (other than	пару	viui uie pauer	r breseur		\$115.52	N/A	
□90853 and +90785 Rev Acct None □90839 □90840			14:-1 C	C				+	
Rev Acct None □90839 □90840		Interactive group Psychotherapy	n of a multiple-f	iamiiy group)			\$42.35	N/A	
□90839 □90840	UNITS	DOLLOTE	WITTEN A PRI PE	OD CRICIC			\$49.23	N/A	
□90840		PSYCHO	THERAPY FO	OR CRISIS		ļ	CNSLR	Other CASD	
□90840	L	Psychotherapy for crisis, first 60	minutes				N/A	Employee N/A	
		Add-on for each additional 30 m		therapy for a	ricie		N/A	N/A	
Rev Acct 2302 U	NITS	HEALTH AND BEHAVIOL				N	CNSLR	Other CASD	
								Employee	
□96150	Health and behavioral assessment, each 15 minutes face-to-face with the patient; initial assessment				ent; initial	\$22.87	N/A		
□96151		Health and behavioral assessment, each 15 minutes face-to-face with the patient; re-assessment					\$22.12	N/A	
□96152		Health and behavior intervention, each 15 minutes, face-to-face; individual					\$20.94	N/A	
□96153		Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)					\$4.87	N/A	
□96154	pre	alth and behavior intervention, each sent)					\$20.57	N/A	
□96155		alth and behavior intervention, each sent)	15 minutes, face	e-to-face; fami	ly (without	the patient	\$20.57 N/A		
□98966		ephone consult/order/intervention,					\$15.00	N/A	
□98967	Tel	ephone consult/order/intervention,	limited (11-20 n	ninutes)			\$35.00	N/A	
□98968	Tel	ephone consult/order/intervention,	intermediate (21	I - 30 minutes	3)		\$55.00	N/A	
Rev Acct 2304 U	NITS	OFFICE OR OT	HER OUTPAT	TIENT VISI	Γ		Fee: \$23.10		
□99211	Off	ice or other outpatient visit for the eva	aluation and mana	agement of an	existing pati	ent	ree.	323.10	
D. V. 2				1	· · · · · · · · · · · · · · · · · · ·				
DX1:				DX3					
DX2				DX4					
			VIDER'S INI						
Type of Provide		outh Peer Specialist 🗆 Youth Car	Family Coordine Coordinator		□LMH □LMSW		T □ Wraparound orker □ Other	Coordinator	
Billable:		□Yes (Applicable Employee) □Yes (Licensed Professional)	NPI#:						
Provider Name (print): Check-Out Time:									
Signature: Date:									
		TOTAL A	MOUNT DU	E FOR SE	RVICES		·		
Total Units	X	Fee(s)				=Today's	Charges:		
	x					\$		 	

Comments:

Rev: AU/MCA/05-12-2018

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913 TEL: (671) 647-5330 FAX: (671) 649-6948

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Patient Affairs Overview

Policy No: AD-PA-01 Initiated by: Patient Affairs

Date	Signature	
6-16-2020	Mylgen :	
	Marilyn Aflague Administrative Services Officer	
Date	Signature	
6.25.20	Sime Ungares	W. C 25 Z
	Ms. Annie Unpinébo LCSW,LPC Child Adolescent Services Division Administrator	
Date	Signature	
6 17 2020	Kenia R. Don	
	Reina Sanchez, MA Clinical Administrator	e e e e e e e e e e e e e e e e e e e
Date	Signature	
6/24/2120	And Sment	
	Dr. Ariel Ismael Medical Director	· · · · · · · · · · · · · · · · · · ·
Date	Signature	
6-19-2020	gelber MSN, RN-BC	
	Leonora Urbano MSN, RN-BC Nursing Administrator	s
Date	Signature	
6/30/2000) MMI	
	Carlssa Pangelinan Deputy Director	